Health Priority: Mental Health and Mental Disorders
Objective 3: Cultural Competence

Long-term (2010) Subcommittee Outcome Objective: By 2010, mental health services are provided in a culturally competent manner.

INPUTS	OUTPUTS		OUTCOMES		
	Activities	**Participation/ Reach**	**Short-term 2002-2004**	**Medium-term 2005-2007**	**Long-term 2008-2010**
Mental health consumers and family members Cultural and Tribal Leaders/Community Community and organizational leaders Minority populations Media/Entertainment Figures Designated state staff Stakeholder Corporations Faith/Spiritual Communities Investment of time and fiscal support. Distance learning technologies Time and energy of all partners. Identified culturally competent materials and training curriculum.	Develop a self-assessment of needs tool. Promote a greater awareness regarding available services in targeted minority and other communities. Identify existing materials and technical assistance. Identify best practice models. Research and identify cost-effective and useful ways to provide information and training and technical assistance to providers and other stakeholders. Identify and secure materials. Devise simple, standardized assessment instruments and clinical protocols. Assist systems/stakeholders. Establish service outcome evaluation criteria and create culturally and linguistically appropriate mental health satisfaction surveys. Assist providers in the development and implementation of recruitment, hiring and succession plans.	Individuals with mental illness Families Faith and spiritual communities Health care providers Mental health agencies Mental health professionals Media Natural and appointed leaders from the community Local health departments Tribes Health care providers Schools	By 2002, a self-evaluation tool will be developed with the input of key stakeholders. By 2003, outreach strategies to reach special populations will have been identified and the information shared with systems and stakeholders using various approaches and formats. By 2003, identify Best Practices models and provide recognition to those systems/stakeholders, which have showed excellence in providing culturally competent services. By 2004, develop an interim status report to identify specific accomplishments, challenges and opportunities for implementation of Phase II, Medium Term. By 2004, begin a random review of the information/data gathered through systems'/stakeholders' evaluations, mental health surveys and other relevant avenues to determine the capacity of systems/stakeholders to provide effective cross-cultural services.	By 2005, identify and provide systems/stake-holders with available tools, strategies and resources to assist them in delivering effective culturally competent services. By 2006, recommend effective legislation and implement policies and procedures in response to identified challenges to the provision of effective culturally competent services.	By 2008, develop integrated systems and procedures for ongoing monitoring and evaluation of systems/stake-holders regarding the pro-vision of effective delivery services. By 2009, identify and share evaluation reports/outcomes with other system/ stake-holders including the state to promote best practice models; innovative outreach and information strategies; effective data collection, analysis systems with successful uses of data for research; program development; and measured out-comes and strategic implementation. Acknowledge publicly through the media, positive and constructive developments from the data. By 2010, a measured increase in capacity by all systems and stakeholders to effectively address the mental health needs of targeted populations through relevant cultural variables that promote and positively affect the equitable, fair and inclusive provision of culturally competent services.

Health Priority: Mental Health and Mental Disorders
Objective 3: Cultural Competence

Long-Term (2010) Subcommittee Outcome Objective:

By 2010, mental health services are provided in a culturally competent manner.

- This will be accomplished through a collaborative process of stakeholders such as providers and advocacy groups representing potential and actual consumers.
- Achieving this 10-year outcome objective will contribute to the shared vision of the public health system of *healthy people in healthy Wisconsin communities* as demonstrated in (a) a more healthy Wisconsin population, (b) a more productive population, (c) reduced suicides across the life span, and (d) improved family relationships.

Wisconsin Baseline	Wisconsin Sources and Year
None, this is a developmental objective.	Not applicable.

Federal/National Baseline	Federal/National Sources and Year
None, this is a developmental objective.	*Healthy People 2010,* November 2000, USDHHS, cites the following potential data sources for this developmental objective: National Technical Assistance Center for State Mental Health Systems, National Association of State Mental Health Program Directors, National Research Institute; Substance Abuse and Mental Health Services Administration, Center for Mental Health Services

Related USDHHS Healthy People 2010 Objectives			
Chapter	**Goal**	**Objective Number**	**Objective Statement**
18 – Mental Health and Mental Disorders	Improve mental health and ensure access to appropriate quality mental health services.	18-13	(Developmental) Increase the number of States, Territories, and the District of Columbia with an operational mental health plan that addresses cultural competence.

Definitions	
Term	**Definition**
Consumer	A person of any age, who has received or currently is receiving mental health services.
Culture	The shared values, traditions, norms, customs, arts, history, folklore and institutions of a group of people that are unified by factors that may include race, ethnicity, language, nationality or religion, sexual orientation and/or other individual/collective factors.

Definitions	
Term	**Definition**
Cultural Competence* **(*Note: two complementary definitions)**	Having the ability to function effectively as an individual and as an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities (Division of Public Health). A set of skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among and between groups. This requires a willingness and ability to draw on community-based values, traditions and customs and to work with knowledgeable persons of and from a community (Division of Supportive Living).
Cultural Groups	A group of people who consciously or unconsciously share identifiable values, norms, symbols and traditions that are repeated and transmitted from one generation to another.
Cultural Diversity	Differences in race, ethnicity, language, nationality or religion among various groups within a community, organization or nation. A community is said to be culturally diverse if its residents include members of different groups.
Cultural Awareness	An awareness of the nuances of one's own and other cultures.
Ethnic	Belonging to a common group often linked by race, nationality, and language with common cultural heritage and/or derivation.
Language	The form or pattern of speech, which is spoken or written, used by residents or descendants of a particular nation or geographic area or by any large body of people. Language can be formal or informal and includes American Sign Language, Signed English, dialect, idiomatic speech, and slang.
Multicultural	Designed for or pertaining to two or more distinctive cultures.
Race	A socially defined population that is derived from distinguishable physical characteristics that are genetically transmitted.
Disability	As defined by the American Disabilities Act (ADA), refers to a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such impairment, or a person who is perceived by others as having such impairment. The ADA does not specifically name all of the impairments that are covered.
Screening Tool	Those instruments and techniques (questionnaires, check lists, self-assessment forms) used to evaluate individuals for increased risk of certain health problems.
Referral	The process of assisting an individual to obtain services from a health professional who can assess and treat, if necessary, a suspected health condition.
Assessment	The process used to evaluate an individual's presenting problems with an accompanying description of the reported or observed conditions which led to the classification or diagnosis of the individual's illness.
Partner systems	Service systems combining to work on increased screening in order to improve identification and referral of individuals who may be experiencing mental disorders. These include education, corrections, health care, social services, aging, childcare, and early childhood.

Rationale

- Title VI of the Federal Civil Rights Act and Limited English Proficiency guidelines requires the provision of services in the language of the client and in a culturally competent manner.

- The Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 requires the provision of effective services to applicants/clients who have disabilities.

- The Wisconsin Department of Health and Family services and other partners/stakeholders are committed to ensuring that all individuals are treated fairly and are not discriminated against based on sexual orientation, religion, age and other invalid factors.

- According to the 1990-1999 U.S. Census, Wisconsin population reflects an increase of 15% for African Americans, 30% for Hispanic Latino, and 32% for Asian Pacific Islander. These percentages are expected to continue to increase in the next 10 years.

- The utilization of mental health services is far higher among affluent white individuals than any other socioeconomic and ethnic group. In part, this reflects a societal reality that all health services are more completely utilized by affluent whites than any other group.

- Mental health professionals who work with different cultural groups cite three reasons for the lack of utilization of mental health services by minority groups:

    1. Mental health providers are not able to speak the person's language.
    2. Cultural norms among the minority group may mitigate against the utilization of mental health services as they are currently offered.
    3. Mental health services are not presented in a culturally sensitive manner nor are they easily accessible by members of many minority cultures.

- In the Executive Summary of the Report of the Surgeon General entitled *Mental Health: Culture, Race, and Ethnicity*, the Surgeon General made this single, explicit recommendation for all people to "Seek help if you have a mental health problem or think you have symptoms of a mental disorder" (U.S. Department of Health and Human Services, 2001). The following highlights from this report are provide a compelling call to understanding and action:

    - Seeking help is particularly vital, considering the majority of people with diagnosable disorders, regardless of race or ethnicity, do not receive treatment. The stigma surrounding mental illness is a powerful barrier to reaching treatment. Person's with mental illness feel shame and fear of discrimination about a condition that is a real and disabling as any other serious health condition.

    - All Americans do not share equally in the hope for recovery from mental illness:

    - "Even more than other areas of health and medicine, the mental health field is plagued by disparities in the availability of and access to its services. These disparities are viewed readily through the lenses of racial and cultural diversity, age, and gender."

- "This Supplement was undertaken to probe more deeply into mental health disparities affecting racial and ethnic minorities. Drawing on scientific evidence from a wide-ranging body of empirical research, this Supplement has three purposes

    1. To understand better the nature and extent of mental health disparities.
    2. To present the evidence on the need for mental health services and the provision of services to meet those needs; and
    3. To document promising directions toward the elimination of mental health disparities and the promotion of mental health."

  As stated in the mental chapter of *Healthy People 2010* ". . .to work effectively, health care providers need to understand the differences in how various populations in the United States perceive mental health and mental illness and treatment services. These factors affect whether people seek mental health care, how they describe their symptoms, the duration of care, and the outcomes of the care received. Research has shown that various select populations use mental health services differently. They may not seek mental health services in the formal system, drop out of care or seek care at much later stages of illness, driving the service cost higher. This pattern of use appears to be the result of a community-based mental health service system that is not culturally relevant, responsive, or accessible to select populations. Hospitals have become the primary mental health treatment site for a disproportionate number of African Americans (United States Department of Health and Human Services, 2000).

- Both the general public in Wisconsin and the community of mental health professionals must move from increasing awareness to commitment and competency:

    - Although there are cultural competency materials available for insight and guidance, there is a need to identify those materials that are pertinent to mental health and are useful to professional practitioners.

    - There is evidence that the utilization of mental health services among different ethnic/cultural groups varies dramatically; no minority group approaches the utilization percentage of middle class and affluent whites.

    - Mental health services offered do not always reflect the cultural and religious values and beliefs of the individuals served. Mental health professionals have found this to be true especially among Native American Tribes, Southeast Asian, and Hmong cultures.

    - Wisconsin needs to have a workforce of adequately trained and skilled individuals of sufficiency to deliver the right types of services, in an appropriate way, to all individuals.

Outcomes:

Short-term Outcome Objectives (2002-2004)

Outcomes of the implementation of short-term goals and activities include the following:

- By 2002, a self-evaluation tool will be developed with the input of key stakeholders.

- By 2003, outreach strategies to reach special populations will have been identified and the information shared with systems/stakeholders using various approaches and formats.

- By 2003, identify best practices models and provide recognition to those systems and stakeholders, which have showed excellence in providing culturally competent services.

- By 2004, develop an interim status report to identify specific accomplishments, challenges and opportunities for implementation of Phase II, Medium Term.

- By 2004, begin a random review of the information and data gathered through systems/stakeholders evaluations, mental health surveys, and other relevant avenues to determine the capacity of systems and stakeholders to provide effective cross-cultural services.

Medium-term Outcome Objectives (2005-2007)

- By 2005, identify and provide systems and stakeholders with available tools, strategies and resources to assist them in delivering effective culturally competent services.

- By 2006, recommend effective legislation, policies, and procedures are implemented in response to identified challenges to the provision of effective culturally competent services.

Long-term Outcome Objectives (2008-2010)

- By 2008, develop integrated systems and procedures for ongoing monitoring and evaluation of systems/stakeholders regarding the provision of effective delivery services.

- By 2009, identify and share evaluation reports and outcomes with other systems and stakeholders including the state to promote best practice models, innovative outreach and information strategies, effective data collection, analysis systems with successful uses of data for research, program development, measured outcomes and strategic implementation. Acknowledge publicly through the media, positive and constructive developments from the data.

- By 2010, a measured increase in capacity by all systems and stakeholders to effectively address the mental health needs of targeted populations through relevant cultural variables that promote and positively affect the equitable, fair and inclusive provision of culturally competent services.

Inputs: *(What we invest – staff, volunteers, time money, technology, equipment, etc.)*

- Mental health consumers and family members
- Cultural and tribal leaders/community leaders
- Minority media and entertainment figures
- Designated state staff to guide and develop the process
- Stakeholder corporations
- Local health departments
- Schools
- Faith and spiritual communities
- Investment of time and fiscal support of existing staff and experts to develop materials and develop and carry out trainings
- Distance learning technologies to communicate with distant partners including mental health consumers, families, representatives from diverse groups
- Time and energy of all partners
- Identified culturally competent materials and training curriculum

Outputs: *(What we do – workshops, meetings, product development, training. Who we reach - community residents, agencies, organizations, elected officials, policy leaders, etc.)*

Activities:

Develop a Self-Assessment of Needs Tool

Determine present capacity of providers to provide culturally competent services and determine challenges and opportunities to become a "best practice" delivery system. This assessment tool will be designed to gather statistical data and necessary information to assist providers in looking at their current internal service capacity regarding:

- Cultural groups that are presently under-utilizing mental health services in relationship to the majority population.

- The number of mental health professionals in facilities and/or organizations who are representative of targeted groups and are providing services to persons in these groups as well as others.

- Determination of the gap between the unmet needs for appropriate mental health services and the current capacity of professionals within their systems to provide these services.

- Collection and analysis of available data and other related material and information regarding access and availability of services for targeted populations. Utilize the results of the analysis to develop baseline data and benchmarks to be used to evaluate results of implementation activities or action steps taken to meet the short-, medium- and long-term goals.

- *Promote a Greater Awareness Regarding Available Services in Targeted Minority and Other Communities:*
  Develop and implement outreach strategies to inform targeted groups of available mental health services, dispel myths and assumptions, and provide them with information regarding preventive and early intervention strategies to ensure good health.

- *Identify Existent Materials/Technical Assistance*:
  Collaborate with appropriate stakeholders and community leaders in identifying and sharing materials that will assist providers to create and/or maintain the capacity to offer culturally competent care to the communities they serve.

- *Identify Best Practice Models:*
  Recognize providers and other stakeholders among systems that excel in the provision of culturally competent and effective services.

- *Research and Identify Cost-Effective and Useful Ways to Provide Information and Training/Technical Assistance to Providers and Other Stakeholders:*
  Collaborate with stakeholders, such as primary health care, social services, and state-level departments and divisions across service systems to explore training/technical assistance models which may result in culturally competent training/technical assistance being available in a cost-effective manner.

- *Identify and Secure Materials:*
  Surveys, technical assistance manuals, guidelines and other related resources are promoted that can assist systems/stakeholders to identify and address individual/group variables which may have impact in the quality of services to all mental health consumers. These variables may include language, race, ethnicity, natural origin, disability, age, gender, religion, sexual orientation and others.

- *Devise Simple, Standardized Assessment Instruments and Clinical Protocols:*
  To enable English-speaking mental health professionals in determining the potential needs and issues of people without English proficiency in a way that respects their belief systems and allows for the use of an interpreter when necessary.

- *Assist Systems and Stakeholders:*
  In identifying and working with culturally competent individuals (trained mental health consumers, family members, as well as community leaders) who could act as "bridge builders" between systems and diverse groups to "market" and promote acceptance of mental health treatment in their communities that is delivered with respect and in a culturally sensitive manner.

- *Establish Service Outcome Evaluation Criteria and Create Culturally and Linguistically Appropriate Mental Health Satisfaction Surveys:*
  To be completed by mental health consumers and designed to provide the service system with feedback on its efforts to provide culturally competent care.

- *Assist Providers in the Development and Implementation of Recruitment, Hiring and Succession Plans:*
  To ensure appropriate employee representation of people of cultural/ethnic groups at all levels of the service delivery system.

Participation/Reach**:**
The following is a sample of the important contributions made by some of the partners identified on the logic model. These partners include but are not limited to:

- *Individuals with Mental Illness:* This effort will directly involve mental health consumers of all ages from a wide variety of cultural and ethnic groups by enabling them to become advocates for themselves, their family members, and their communities.

- *Families:* Families of individuals with mental illness will provide critical input to ensure that there is appropriate access to appropriate services.

- *Faith/Spiritual Communities:* The leaders of faith and spiritual communities will be among the "bridge builders" (identified community leaders) to help identify the needs of their community members and help promote access to appropriate services.

- *Health Care Providers:* Health care providers will play an important role by referring members of cultural/ethnic groups to appropriate mental health services. Such providers include but are not limited to: physicians, dentists, dental hygienists, nurses, advance practice nurses, social workers, and counselors.

- *Mental Health Agencies:* Mental health agencies will need to allocate time and resources to increase the number of qualified staff members capable of providing appropriate services to targeted cultural/ethnic groups.

- *Mental Health Professionals:* Mental health professionals of all types will need to initiate a substantial, broad-based effort to determine service gaps and needs, develop appropriate materials, train their peers and implement these new materials in a caring and respectful manner.

- *Media/Community Natural/Appointed Leaders:* High profile people (key community leaders) of cultural/ethnic groups will lend their support to this initiative in order to increase awareness among the targeted populations.

- *Local Health Departments:* Local health departments because of their increasingly large reach into the community are critical mental health partners in both traditional and new non traditional settings. Local Boards of Health can work with other county and municipal policy boards and create synergy for sound policy. Local epidemiolgists are in key positions to collect and analyze data to inform policy, program, action, and evaluation. Public health nurses, public health educators, public health nutritionists, and environmental specialists will help to determine current and emerging gaps in service and are key people in modeling and carrying the message of cultural competence throughout the community.

- *Schools:* Local schools play a primary role in creating resilient environments for children, families, and staff. Teachers, school nurses, pupil services teams, principals, and administrators because of their front-line contact with children, adolescents, and families, are in key positions to identify individuals and families at-risk; serve as strong advocates; and provide a community "safety-net." They, like local health departments, are key people in modeling and carrying the message of cultural competency throughout the community.

Evaluation and Measurement

Begin an evaluation of cross systems/stakeholders' that will determine system capacity for provision of effective culturally competent services; conduct random reviews of completed self-evaluation tools. Benchmarks will be measured by comparing the initial baseline data gathered and the results achieved.

The information to be evaluated will include, but not limited to:

1. Data analysis to determine access among targeted minority communities to culturally and linguistically appropriate services within a set period of time.

2. Percentage increase in the members of targeted communities who <u>believe</u> that they have access to culturally sensitive mental health services (i.e., making sure whether those services are being provided, the perception of available, appropriate services is addressed as well as the reality of providing those services).

3. Results of satisfaction survey ratings from mental health consumers receiving services from mental health agencies and other agencies.

4. Mental Health Providers who provide services and self rate their ability to provide mental health culturally competent services.

5. Number of individuals identified as serving as "bridge builders" among targeted groups.
6. Percentage increase in the number of staff (clerical staff, psychiatrists, psychologists, social workers and interpreters) qualified to provide services to members of targeted groups.
7. Percentage increase in the number of mental health professionals and mental health consumers participating in the process of designing materials to provide mental health services in culturally competent ways.
8. Number of available culturally responsive materials and protocols to be used by professionals as related to services to each of the targeted groups.
9. Number of mental health professionals and other staff attending training on the use of new culturally responsive materials.
10. Recommendations resulting from the assessment evaluation of legislation, policies and procedures related to mental health services to targeted populations.

Measured, Concrete Achievements in Providing Services to Individuals from all Cultures and Ethnic Groups. The state may measure the direct and indirect benefits of culturally competent initiatives based on the achievement of the benchmarks and the collection and analysis of data. The information gathered will be used to recommend policies, procedures and programs, and to develop/enhance culturally competent materials, including Best Practices, to assist providers in the effective provision of their services.

Crosswalk to Other Health and System Priorities in Healthiest Wisconsin 2010

Access to Primary and Preventive Health Services: Providers of services must comply with Title VI of the Civil Rights Act and Limited English Proficiency Guidelines that require the availability of written material and services in the primary language of the client.

Adequate and Appropriate Nutrition: Services provided must take into account cultural, ethnicity and socioeconomic factors that may contribute to problems related to nutrition. The providers must also acknowledge traditions, religious beliefs and ethnic backgrounds of the individuals to whom the services are being provided.

Alcohol and Other Substance Use and Addiction: Evaluation of individuals seeking this service must include a review of contextual ethnic/racial data and individual background information relative to potential or actual alcohol or other substance abuse patterns of use.

Environmental and Occupational Health Hazards: Provider should take into account relevant and applicable information relative to socioeconomic or home/work site characteristics e.g., geographic location of the work site, housing and work segregation patterns., work conditions, and determine their impact of workers of particular ethnic/racial groups.

Existing, Emerging, and Re-emerging Communicable Diseases: Contextual data must be gathered, reviewed, analyzed and made available to assist providers to effectively address issues in this are as related to individuals from various ethnic/racial/gender and other groups.

High Risk Sexual Behavior: Contextual cultural date will allow providers to effectively address this behavioral issue. Information regarding consequences and preferred behaviors should be made

available in various languages. Information and strategies should include the acknowledgement of the cultural strengths prevalent in each culture that may deter individuals from exhibiting negative behaviors e.g., respect for one's traditions and one self.

Intentional and Unintentional Injuries and Violence: Traditional and non-traditional approaches which have been successfully used to proactively address prevention of injuries and violence should be sought out within the indigenous communities and replicated. Providers should consider working with natural leaders in order to provide information and assistance to members of the community in a manner that is culturally competent and acknowledges the nuances of language and traditions.

Mental Health and Mental Disorders: A culturally competent provider will take into account the traditions, religion, values and beliefs of each individual receiving services. The "best practice" provider will access community resources and individuals that are knowledgeable of the client's beliefs and when/if appropriate will use non-traditional approaches to working with the client.

Overweight, Obesity, and Lack of Physical Activity: Providers must acknowledge the need to develop traditional and non-traditional strategies and resources for persons of color that allow for sound advice and guidance regarding nutrition and exercise. These strategies must take into account the traditions, culture, and social practices of each of the groups that receive information and/or services from the provider.

Social and Economic Factors that Influence Health: Socioeconomic characteristics in each population should be evaluated from a contextual basis in order to determine specific strategies, resources and information that needs to be available in order to provide effective and culturally competent services to individuals of the various cultural and racial, gender and other affected groups.

Tobacco Use and Exposure: Contextual data, which identifies specific information of each of the targeted populations, must be collected, analyzed and used in order to determine the particular factors affecting the use of tobacco in each group and the appropriate strategies necessary to reach, inform and provide them with effective/culturally competent services.

Integrated Electronic Data and Information Systems: All data collection systems should comply with the requirements under Title VI of the Civil Rights Act as related to collection, analysis and use of data that identifies numerically and programmatically the population served by gender, race, national origin, and ethnicity. That data must be updated and used on an on-going basis to ensure adequate and fair access and treatment of all individuals entitled to the service.

Community Health Improvement Processes and Plans: All processes and activities related to the program should have an adequate level of in-put from all targeted populations. When appropriate, information and activities should give non-English speaking individuals an opportunity to participate by providing translators or material translated in language other than English.

Coordination of State and Local Public Health System Partnerships: State and local Public Health partnerships should include in-put and participation from representatives from the various groups in the community to ensure that there participation occurs at all levels of the process from design to implementation. This will ensure that their concerns, issues and needs are adequately reflected throughout the process rather than in a "reactive" manner.

Sufficient, Competent Workforce: A workforce that is representative of the population that we serve will allow for a natural response to the needs of a multi-cultural population. When individuals in the workplace reflect the culture, race, language, sexual orientation, religion, ethnicity, age, disabilities of the individuals served, the provider is not only meeting Federal requirements, but in a natural way, is providing effective and culturally competent services.

Equitable, Adequate, and Stable Financing: The assessment and determination of what is necessary and appropriate relative to funding patterns and allocation should based on accurate, updated contextual data and information that identifies actual population needs and characteristics, the unique needs of the members of that community, and the need to comply with Federal and State regulations related to access to services and information e.g., translations, reasonable accommodations, use of non-traditional services.

Significant Linkages to Wisconsin's 12 Essential Public Health Services

Educate the public about current and emerging health issues: Inform minority communities about the growing number of positive options they have in mental health services by using multiple media avenues in the target groups' primary language.

Promote community partnerships to identify and solve health problems: Encourage a wide variety of community and corporate partnerships by providing forums and other avenues of personalized outreach to bring individuals together to discuss issues and identify solutions.

Create policies and plans that support individual and community health efforts: Create policies and effective evidence-based initiatives that make a positive difference in providing access to culturally competent referral and timely treatment by mental health consumers of all cultural/ethnic groups, their families and the cultures/communities they live in.

Link people to needed mental health services: Link people to appropriate mental health services by utilizing various means of communication, including technology, and working with advocacy groups and community leaders.

Assure access to primary health care for all: Bilingual services and qualified culturally competent staff will ensure access to all services. Access to mental health services will be achieved by taking into account all variables necessary to address culture and language issues.

Foster the understanding and promotion of social and economic conditions that support good health: Effective data collection and analysis, the dissemination of the results, and its use by providers will create additional awareness/knowledge as to variables affecting mental health issues in each targeted community. Collective efforts by all key stakeholders e.g., state, business, community leaders, can result in the creation and maintenance of informational networks, preventive early intervention strategies and effective use of available services.

Connection to the Three Overarching Goals of Healthiest Wisconsin 2010

This objective for Mental Health connects with all three overarching goals.

Protect and Promote Health for All: This goal can be best achieved by recognizing the need to provide effective outreach to all eligible populations to understand and take into account cultural

variables when designing and providing services and the need to provide culturally/linguistic appropriate services.

Eliminate Health Disparities: If effective equitable services are to be provided to all populations, accurate and contextual data must be collected, analyzed, and used for the purpose of identifying needs, gaps, and available/necessary resources.

Transform Wisconsin's Public Health System: The public health system will be transformed if it acknowledges the differing and similar needs of various populations. The system must engage in a sustained dialogue and relations with natural and appointed leaders of all communities. Managers in the system must review their policies, procedures and protocols to determine what needs are to be modified, expanded, and/or changed in order to effectively and equitably provide services to all eligible to receive them.

Key Interventions and/or Strategies Planned:

There will be three stages to the initiative to build awareness, knowledge and capacity regarding cultural competency. The following are action steps to be taken in each of these stages:

Short Term:

- Develop and/or implement a self-assessment tool for providers to determine their challenges and opportunities to provide effective services to targeted groups.
- Distribute available informational materials and training to enhance the knowledge of providers regarding strategies to address challenges identified in their assessment.
- In collaboration with providers, appointed officials and advocates, initiate research and review of policies and procedures that can have a positive impact on the equitable and fair delivery of services to targeted populations.

Medium Term:

- Assist providers in evaluating the overall impact of activities carried out in accordance to the short-term goals and objectives identified above.
- Seek input and information from mental health consumers in targeted communities to assess their level of satisfaction and their evaluation on the effectiveness of services that they were provided.
- In collaboration with providers, appointed officials and advocates, develop recommendations for the creation, amendment or modification of policies and procedures to enhance the capacity for providers and other stakeholders to provide full access to all services for consumers of mental health services in Wisconsin.
- Develop an assessment process that will allow Wisconsin to identify providers' Best Practices and recognize those providers for the provision of equitable, fair and culturally competent services.

Long Term:

- Create and utilize evaluation tools to be used to evaluate the overall implementation of the provider's self-assessments and outreach strategies.
- Develop and make available to providers culturally competent models; develop contract language with providers to ensure that they offer culturally appropriate services utilizing, appropriate, credentialed and culturally competent staff.
- Submit and promote legislation, policies and procedure to ensure fair and equitable services to all mental health consumers in Wisconsin.

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